

BOSTON

ACTING FIRE COMMISSIONER
DENNIS A. DIMARZIO

FIRE MARSHAL
DEPUTY FIRE CHIEF JOSEPH M. FLEMING

APPLICATION FOR INSTALLATION OF FLOORCOVERING

DATE: _____

BFD CERT.NO.:
(FOR OFFICE USE ONLY)

SUBMITTER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: () _____

ADDRESS OF PROPOSED INSTALLATION: _____

NAME OF PROPERTY: _____

SPECIFIC LOCATION WITHIN PROPERTY: _____

SPRINKLER SYSTEM INSTALLED: _____

IDENTIFICATION OF CARPET MILL AND PRODUCT: (Itemize (1), (2), etc.)

1. _____
2. _____
3. _____

RESULTS OF ASTM E 648: CRF= _____ WATTS/CM2 _____

TEST ASSEMBLY: (Check One) ☐ CARPET/ACB ☐ CARPET/UNDERLAYMENT
(on top of concrete) (on top of padding)

IDENTIFICATION OF UNDERLAYMENT: _____

NAME OF TESTING LABORATORY: _____

DATE TEST PERFORMED: _____

NOTE: APPROVALS FOR USE OVER UNDERLAYMENT WILL **ONLY** BE GRANTED FOR FLOORCOVERING TESTED OVER 56 OZ./YD2 HAIR/JUTE PAD OR THE **ACTUAL** PROPOSED PADDING. BFD **RESTRICTS** THE USE OF CARPET ON WALLS/CEILING/SEATING PRODUCTS/OR AS DECORATIVE MATERIAL.

SIGNATURE OF APPLICANT: _____

ENC: SIGN APPLICATION/ATTACH COPY OF FIRE TEST REPORT ASTM E 648 TO THE APPLICATION/**FEE OF \$14.00 PER MATERIAL/** MAKE CHECK PAYABLE TO THE BOSTON FIRE DEPARTMENT.

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